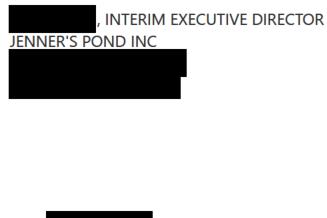
# Department of Human Services Bureau of Human Service Licensing LICENSING INSPECTION SUMMARY - PUBLIC

April 17, 2023



RE: RUSTON RESIDENCE 100 SYCAMORE DRIVE WEST GROVE, PA, 19390 LICENSE/COC#: 13889

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2022, 11/03/2022, 11/08/2022, 11/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

cc: Pennsylvania Bureau of Human Service Licensing

RUSTON RESIDENCE			13	889
Facility Information				
Name: RUSTON RESIDENCE		License #: 13889	License Expiration: 07/04/2023	
Address: 100 SYCAMORE DRIV	ve, west grove, pa 19390			
County: CHESTER	Region: SOUTHEAS	Т		
Administrator				
Name	Phone	Email:		
Legal Entity				
Name: JENNER'S POND INC				
Address:				
Phone:	Email:			
Certificate(s) of Occupancy				
<b>Type</b> : C-2 LP	Date: 04/06/1998		Issued By: CWOPA L&I	
Staffing Hours				
Resident Support Staff: 0	Total Daily Staff: 82	2	Waking Staff: 62	
Inspection Information				
Type: Partial	Notice: Unannounced	BHA Docket #:		
Reason: Incident		Exit Conference Da	ate: 11/09/2022	
Inspection Dates and Depar	tment Representative			
11/02/2022 - On-Site:				
11/03/2022 - Off-Site:				
11/08/2022 - Off-Site:				
11/09/2022 - Off-Site:				
Resident Demographic Data	as of Inspection Dates			
General Information				
License Capacity: 70		Residents Serve	<b>d</b> : 50	1
Special Care Unit In Home: Yes	Area: SDCU	Capacity: 12	Residents Served: 12	1
Hospice	HIGH. SDCO	cupucity. 72		L.
Current Residents: 0				
Number of Residents Whe	0:			
Receive Supplemental S	•		Age or Older: 52	
Diagnosed with Mental Have Mobility Need: 32		Diagnosed with Have Physical D	Intellectual Disability: 0 isability: 0	
Inspections / Reviews				
11/02/2022 Partial				
Lead Inspector	Follow-Up Type:	POC Submission	Follow-Up Date: 11/26/2022	

Inspections / Reviews (continued)		
11/29/2022 POC Submission		
Submitted By:	Date Submitted: 11/26/2022	
Reviewer:	Follow Up Type: POC Submission	Follow Up Date: 12/04/2022
12/01/2022 POC Submission		
Submitted By:	Date Submitted: 11/30/2022	
Reviewer:	Follow Up Type: Document Submission	Follow Up Date: 12/09/2022
04/17/2023 Document Submission		
Submitted By:	Date Submitted: 12/09/2022	
Reviewer:	Follow Up Type: Not Required	

## 16c Incident reporting

### 1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

### **Description of Violation**

On Resident 1 had a fall in their room, at that time they did not want to be sent to the hospital but on when the pain from the fall became extremely painful for Resident 1 they asked to go to the hospital for their injury from the fall. The residence did not report this incident to the Department until

### Plan of Correction

Mandatory abuse education will take place on 12/8 to nursing employees by the Assisted Living Wellness Specialist regarding all different types of abuse and reporting. Employees will be educated to report abuse immediately after their occurrence or after abuse was discovered to their supervisors. Assisted Living Wellness Specialist to report incident to DHS. Staff training on a continuous basis via Relias training platform monitored by Administrative Coordinator.

### Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented	- 12/12/2022)

Accept

### 42b Abuse/Neglect

### 2. Requirements

### 2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

### **Description of Violation**

On a series of the control of the c

### **Plan of Correction**

The SARA system is functioning properly. When the SARA system is not functioning, the community will utilize the personal fall monitoring system bells, not a metal style bell along with the PCM/LPN on every shift, to do rounds hourly/daily until the SARA system is functioning properly. Documentation which required initials of the PCM/LPN for hourly rounding will be signed by the LPN and provided to the administrator. This Policy/procedure will be in place on the dates when the personal fall monitoring system bells are in use, every shift, hourly until the SARA system is functioning.

## Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented - 04/17/2023)

Accept

## 56a Admin 36 hrs/week

11/02/2022

- 12/01/2022)

- 11/29/2022)

### 3. Requirements

#### 2800.

95

4

56.a. Except for temporary absences under subsection (b), the administrator shall be present in the residence an average of 36 hours or more per week, in each calendar month. At least 30 hours per week must be during normal business hours.

#### **Description of Violation**

During calendar months September and October 2022, staff person A, the interim Administrator, did not work 36 hours in the home to include 30 hours during business hours. The Home's Staff listing also notates that the Administrator role is vacant. The current Interim Administrator Staff Person A is currently working in another home for 36 hours. It is not possible for Staff Person A to work a total of 60 hours during business hours in both homes.

Plan of Correction	Accept - 11/29/2022)
The interim Administrator, who was split between two of our communities, has been r Director of Operations, <b>Constant on Second</b> . At the time of complaint survey, it was accepted be submitted, as <b>constant on Second Second</b> is registered for the AL course through Penn State on December S actively providing required regulatory hours at community.	eplaced with our Senior ed,, PCHA license
Licensee's Proposed Overall Completion Date: 12/31/2022	
	Implemented - 12/12/2022)
Furniture & Equipment	
. Requirements	
2800. 95. Furniture and Equipment - Furniture and equipment must be in good repair, clea	n and free of hazards.
Description of Violation	
On Resident 1 had a fall causing injury. Resident 1 pulled a call bell in their unanswored. Resident 1 crawled to the door of their apartment and velled and hanged for	

unanswered. Resident 1 crawled to the door of their apartment and yelled and banged for assistance because the emergency call bell system was out of service and had communication issues. The home was using an hotel style desk bell in its place in which staff could not hear the bell ringing.

### Plan of Correction

Accept ( - 11/29/2022)

The SARA system is functioning properly. When the SARA system is not functioning, the home will utilize the personal fall monitoring system bells along with the PCM/LPN on every shift, to do rounds hourly/daily until the SARA system is functioning properly. Documentation which required initials of the PCM/LPN for hourly rounding will be signed by the LPN and provided to the administrator. This Policy/procedure will be in place on the dates when the personal fall monitoring system bells are in use, every shift, hourly until the SARA system is functioning.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented - 04/17/2023)

## 186b Medication used by resident

### 5. Requirements

2800.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

## Description of Violation

On		

Resident 2 was prescribed

am, resident 2 was administered prescribed for and belonging to resident 3. bed which was not available in the home for administration.

Accept

Implemented

## Plan of Correction

Staff educated on 11/22 by the Assisted Living Wellness Specialist on medication errors. Audit completed of resident 2 medications with thereafter random audits will be completed monthly by the Assisted Living Wellness Specialist to assure ongoing compliance for the accountability of medications.

## Licensee's Proposed Overall Completion Date: 12/31/2022

## 187a Medication record

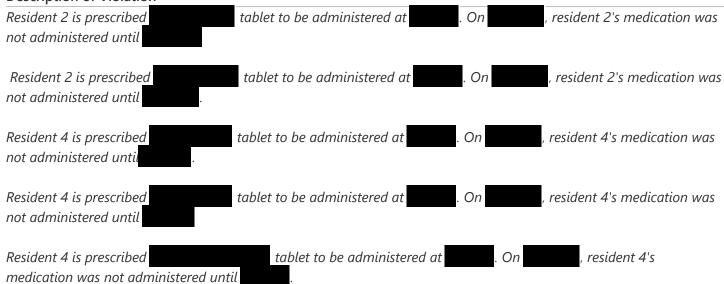
## 6. Requirements

## 2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

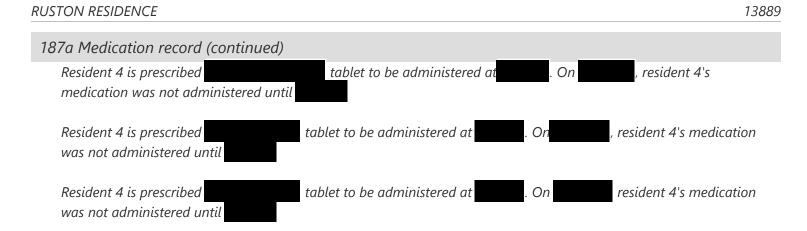
- 1. Resident's name.
- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

### Description of Violation



- 11/29/2022)

- 04/17/2023)



Plan of Correction	Accept	- 12/01/2022)
Audits of physician orders of resident 2 and 4 by the Assisted Living Wellness Specialist.	A complete au	udit of
physician orders has been completed with the implementation of our Liberalized Medicat	ion Administr	ation Policy.

	Licensee's Proposed Overall Completion Date: 11/30/2022	2	
		Implemented	04/17/2023)
187d	Follow prescriber's orders		
7. Re	quirements		
	00. 7.d. The home shall follow the directions of the prescriber.		
Or		prescribed for and belonging a lable in the home for administration.	to resident 3.
	Plan of Correction	Accept (	- 11/29/2022)
	Staff educated on 11/22 by the Assisted Living Wellness Specia 2 medications with thereafter random audits will be completed assure ongoing compliance for the accountability of medication	I monthly by the Assisted Living Wellnes	•

Licensee's Proposed Overall Completion Date: 12/31/2022

## 187d Follow prescriber's orders (continued)

Implemented ( - 04/17/2023)

### 220b Assisted living services

#### 8. Requirements

2800.

220.b. Assisted living services. The residence shall, at a minimum, provide the following services:

- 1. Nutritious meals and snacks in accordance with § § 2800.161 and 2800.162 (relating to nutritional adequacy; and meals).
- 2. Laundry services in accordance with § 2800.105 (relating to laundry).
- 3. A daily program of social and recreational activities in accordance with § 2800.221 (relating to activities program).
- 4. Assistance with performing ADLs and IADLs in accordance with § § 2800.23 and 2800.24 (relating to activities; and personal hygiene).
- 5. Assistance with self-administration of medication or medication administration as indicated in the resident's assessment and support plan in accordance with § § 2800.181 and 2800.182 (relating to self-administration; and medication administration).
- 6. Housekeeping services essential for the health, safety and comfort of the resident based upon the resident's needs and preferences.
- 7. Transportation in accordance with § 2800.171 (relating to transportation).
- 8. Financial management in accordance with § 2800.20 (relating to financial management).
- 9. 24-hour supervision, monitoring and emergency response.
- 10. Activities and socialization.
- 11. Basic cognitive support services as defined in § 2800.4 (relating to definitions).

### **Description of Violation**

The residence is not providing the following required assisted living services; 24-hour supervision, monitoring and emergency response.

On Resident 1 had a fall causing injury. Resident 1 pulled a call bell in their bathroom that went unanswered. Resident 1 crawled to the door of their apartment and yelled and banged for assistance because the emergency call bell system was out of service and had communication issues. The home was using an hotel style desk bell in its place in which staff could not hear the bell ringing.

### Plan of Correction

Accept - 11/29/2022)

The SARA system is functioning properly. When the SARA system is not functioning, the home will utilize the personal fall monitoring system bells along with the PCM/LPN on every shift, to do rounds hourly/daily until the SARA system is functioning properly. Documentation which required initials of the PCM/LPN for hourly rounding will be signed by the LPN and provided to the administrator. This Policy/procedure will be in place on the dates when the personal fall monitoring system bells are in use, every shift, hourly until the SARA system is functioning.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented -

- 04/17/2023)

## 227c Final support plan - revision

### 9. Requirements

## 227c Final support plan - revision (continued)

## 2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon

changes in the resident's needs as indicated on the resident's final support plan on a quarterly basis and	current assessment. The residence shall review each d modify as necessary to meet the resident's needs.
Description of Violation	
Resident 2 support plan has not been reviewed on a quarter	ly basis, the last review was completed on
Resident 3 support plan has not been reviewed on a quarter	ly basis, the last review was completed on
Plan of Correction	Accept ( - 11/29/2022)
All active resident records have been audited for quarterly been completed. Tracking spreadsheet implemented to tracompliance at the Quality Assurance Performance Meeting	ack compliance by the Administrator and will report
Licensee's Proposed Overall Completion Date: 12/31	/2022
	Implemented - 12/13/2022)
27g Support plan - signatures 10. Requirements	
2800. 227.g. Individuals who participate in the development of the	he support plan shall sign and date the support plan.
Description of Violation Resident 2 participated in the development of his/her suppo the support plan.	rt plan on . However, the resident did not date
Plan of Correction	Accept - 11/29/2022)
	t to sign the support plan, a notation of inability or refusal mented to track compliance by the Administrator and will Meeting.
Licensee's Proposed Overall Completion Date: 12/31	/2022
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